

DATE	RECEIVED BY DMV	

## **CERTIFICATE OF INSURANCE**

## INTERNATIONAL REGISTRATION PLAN (IRP) OR PERMANENT FLEET REGISTRATION (PFR)

To meet financial responsibility requirements of supplying evidence of liability insurance, the following form is provided as an optional form to be completed by your insurance company and returned to the Department of Motor Vehicles, International Registration Plan Branch with your renewal package. DMV may contact the insurance company to verify information. Other acceptable forms of insurance proof are listed in the California International Registration Plan (IRP) Customer Handbook.

This policy covers all vehicles currer 1 or more vehicles). This insurance	, ,			,	•	
FLEET NAME			IRP/PFR ACCOUNT NUMBER			
ADDRESS	CITY		STATE	ZIP CC	DE	
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EFFECTIVE DATE				
The insurance company named belo to or for the benefit of the above name of insurance company		ess in the S	tate of Californ		ies that it has i	ssued
ADDRESS	CITY		STATE	ZIP CC	ZIP CODE	
I certify (or declare) under penalt correct.  EXECUTED AT (CITY AND STATE)	y of perjury under the laws of the	e State of	California tha	t the fo	regoing is tru	e and
SIGNATURE OF INSURANCE REPRESENTATIVE						